

00
56
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

City of Springfield
Public Health Service

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24215

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 761-A

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield TOWN Springfield		c. CITY OR TOWN Marionville Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hosp.		Length of stay in 1b 7 days	
d. STREET ADDRESS 5 miles North		Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MAE Middle BELLE Last THORNTON		4. DATE OF DEATH Month July Day 27 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 11, 1886
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - - -	
11. BIRTHPLACE (City and state or country) Christian Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME John DeWitt		14. MOTHER'S MAIDEN NAME Rebecca Wilkerson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Dan Thornton, Rt. #1, Marionville, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism due to Varicose Veins Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 460X DUE TO (c) 70 years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Generalized Arteriosclerosis Cardio Cerebro Vascular Dis.			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 4:00 Month July Day 27 Year 57 a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Springfield, Mo. COUNTY Taney STATE Missouri	
21. I attended the deceased from 10 July 57 to 27 July 57 and last saw her alive on July 27, 57 Death occurred at 4:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. D. Callaway, Jr. MD (Degree or title)		22b. ADDRESS Springfield, Mo.	
22c. DATE SIGNED 8/2/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/30/1957	
23c. NAME OF CEMETERY OR CREMATORY Meadows Cemetery		23d. LOCATION (City, town, or county) (State) Taney Co., Missouri	
24. FUNERAL DIRECTOR Wesley Harris, Clerve, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 8-5-57	
26. REGISTRAR'S SIGNATURE Edith Williamson			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frederick T. Swadlow*

Licensed Embalmer No. *481*

P. O. Address *Spring*

(Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).)

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.